

**HUD CoC APR**  
**Annual Performance Report**  
**Question 25**

**25a1. Cash Income Types by Exit Status - Leavers**

**Cash-Income Sources**  
**Type of Cash-Income Sources by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
Earned Income	1	1	0	0
Unemployment Insurance	0	0	0	0
SSI	0	0	0	0
SSDI	0	0	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>

**25a2. Cash-Income by Exit Status - Leavers**

**Cash-Income Sources**  
**Number of Cash-Income Sources by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
No Sources	2	1	1	0
1+ Source(s)	1	1	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

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**Question 25**

**25b1. Cash-Income Sources - Stayers**

**Cash-Income Sources**  
**Type of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Earned Income	1	1	0	0
Unemployment Insurance	0	0	0	0
SSI	0	0	0	0
SSDI	0	0	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>

**25b2. Cash Income Number of Sources - Stayers**

**Cash-Income Sources**  
**Number of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	2	1	1	0
1+ Source(s)	1	1	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

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**Question 26**

**26a1. Non-Cash Benefit Types by Exit Status - Leavers**

**Non-Cash Benefits**  
**Non-Cash Benefits by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	1	1	0	0
MEDICAID Health Insurance	3	2	1	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	2	1	1	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>

**26a2. Non-Cash Benefits by Exit Status - Leavers**

**Client Non-Cash Benefits by Exit Status**  
**Number of Non-Cash Benefits by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	3	2	1	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

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**Annual Performance Report**  
**Question 26**

**26b1. Non-Cash Benefit Sources - Stayers**

	Non-Cash Benefits			
	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	3	2	1	0
MEDICAID Health Insurance	3	2	1	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>0</b>

**26b2. Number of Non-Cash Benefit Sources - Stayers**

	Client Non-Cash Benefits by Exit Status			
	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	3	2	1	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

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**Question 27**

**27. Length of Participation by Exit Status**

**Length of Participation by Exit Status**  
**Number of Persons**

	<b>Total</b>	<b>Leavers</b>	<b>Stayers</b>
Less than 30 days	3	3	0
31 to 60 days	3	0	3
61 to 180 days	0	0	0
181 to 365 days	0	0	0
366 to 730 days (1-2 Yrs)	0	0	0
731 to 1095 days (2-3 Yrs)	0	0	0
1096 to 1460 days (3-4 Yrs)	0	0	0
1461 to 1825 days (4-5 Yrs)	0	0	0
More than 1825 Days (>5 Yrs)	0	0	0
Information Missing	0	0	0
<b>Total</b>	<b>6</b>	<b>3</b>	<b>3</b>

**Average and Median Length of Participation in Days**

	<b>Average Length</b>	<b>Median Length</b>
Leavers	15	11
Stayers	48	48

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**Question 29**

**29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)**

**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0

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**Question 29**

**29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)**

**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	1	1	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	2	0	2	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Annual Performance Report**  
**Question 36**

**36a. Permanent Housing Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36b. Transitional Housing Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36c. Street Outreach Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Physical Disability			0	0	0.00%	
2b. Developmental Disability			0	0	0.00%	
2c. Chronic Health			0	0	0.00%	
2d. HIV/AIDS			0	0	0.00%	
2e. Mental Health			0	0	0.00%	
2f. Substance Abuse			0	0	0.00%	

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**Question 36**

**36d. Supportive Services Only (SSO) Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36e. Safe Haven Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	

# HUD CoC APR

## Annual Performance Report

### Additional Information

User Prompt Field	Value(s) Selected
1. Select Provider Group(s):	-None Selected-
1. Select Provider(s):	Portage - Family and Community Services - Ravenna - HCRP HP(941)
2. Enter Start Date:	1/1/2013
3. Enter End Date PLUS 1 Day:	7/1/2013
4. Select Entry Type:	HUD
5. Enter Adult Age:	18
EDA Provider	Portage - Family and Community Services - Ravenna - HCRP HP(941)
Enter Effective Date	7/1/2013
Is using the Disability Determination field part of your workflow for HUD reporting?	No
Is using the Receiving Income Source field part of your workflow for HUD reporting?	Yes
Is using the Receiving Benefit field part of your workflow for HUD reporting?	Yes

Provider Reporting Information	Client Count Based on Uid	Unduplicated Count
Portage - Family and Community Services - Ravenna - HCRP HP(941)	6	6

Additional Information  
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**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

Family & Community Services, Inc. (hereby known as "Service Provider")

**AND**

Coleman Professional Services (hereby known as "Sponsor")

**REGARDING**

Ohio Department of Development Homeless Crisis Response Program (hereby known as "Project").

The Sponsor has applied for Homeless Crisis Response Program funds from the Ohio Development Services Agency (ODSA) for Region 5 and has made certain representations to ODSA regarding the provision of homeless prevention and re-housing services to very low- and low-income households/tenants. To further accomplish the goals of the Project, the Sponsor desires to enter into a sub-grantee relationship with the Service Provider in the following manner:

Service Provider will provide:

- Training for Service Provider staff
- Written policies and procedures
- HMIS data entry for all Service Provider HCRP clients
- Payment for all Service Provider HCRP client vouchers
- Reimbursement for Service Provider for case management provided for HCRP clients
- Monitoring and review of Service Provider client records for compliance
- Submission of documents to Sponsor within agreed timeline

Sponsor will act as point of contact for Region 5 HCRP providers in Ashtabula, Geauga, Lake, Portage and Trumbull Counties and will provide:

- Management and administration of the program
- Submission of request for payments to Service Provider within agreed timeline
- Assistance with outreach/marketing for the program
- Monthly submission of invoice for reimbursement from ODSA
- Ensure that all regulatory and funding requirements are met
- Provide quarterly financial reports and any other required information to Service Provider for regulatory and funding agencies
- Will coordinate and submit progress reports

It is understood that the Service Provider responsibilities as defined in this Memorandum of Understanding are contingent upon Project funding. The Project is designed to prevent individuals and families from entering homelessness and, where homelessness does occur, to provide for emergency shelter operations and to rapidly move persons from emergency shelter into permanent housing. Service Provider will maintain monthly contact with Sponsor throughout the duration of the program.

**GENERAL TERMS**

**Terms.** This Agreement will begin effective the date of January 1, 2014 and will continue through December 31, 2014. This Agreement may be terminated in accordance with the section on Termination below.

**Termination.** Any party may terminate this Agreement by giving the other parties ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the parties in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination.

**Confidentiality.** All parties agree that by virtue of entering into this Agreement they will have access to certain confidential information regarding the other party's operations related to the Project. All parties agree that they will not at any time disclose confidential information and/or material without the consent of the party unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this agreement. Where appropriate, client releases will be secured before confidential consumer information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

**Arbitration.** Should any party wish to commence an action for damages under this Agreement, it shall be required to adjudicate the dispute through binding arbitration under the rules of the American Arbitration Association or under such rules to which the parties may agree. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment there upon shall be borne equally by all parties. During the course of the arbitration and until a final settlement has been reached, this Agreement shall remain in full force and effect unless otherwise terminated as provided in this Agreement.

**Nondiscrimination.** Parties agree that there shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, familial status, marital status, sexual orientation, age, handicap, ancestry or national origin be excluded from participation in, be denied benefits of, or be subjected to discrimination under Project funded in whole or in part with funds made available through this MOU.

**Severability.** In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the Agreement.

**Amendments.** This Agreement may be amended only in writing and authorized by the designated representative of the parties.

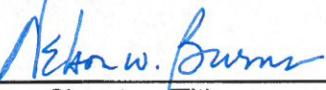
*The Parties hereto have caused this agreement to be executed this* 8 *day of* August, 2013.

Signed:

  
\_\_\_\_\_  
Service Provider/Title

Date: 8/30/13

Signed:

  
\_\_\_\_\_  
Sponsor Signature/Title

Date: 9/10/2013

Humility of Mary/Emmanuel Community Care Center

**Internal Revenue Service**  
**P.O. Box 2508**  
**Cincinnati, OH 45201**

**Department of the Treasury**

**Date: June 27, 2012**

United States Conference of Catholic  
Bishops  
3211 4<sup>th</sup> Street, NE  
Washington, DC 20017-1194

**Person to Contact:**

Roger Meyer ID# 0110429

**Toll Free Telephone Number:**

877-829-5500

**Employer Identification Number:** [REDACTED]

**Group Exemption Number:**

0928

Dear Sir/Madam:

This responds to your June 26, 2012, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2012*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2012* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Thomas  
Manager, Exempt Organizations  
Determinations

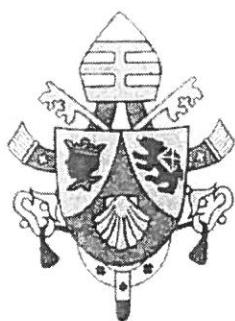
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2012



# The Official Catholic Directory

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## Office of the General Counsel

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July 6, 2012

TO: Subordinate Organizations under USCCB Group Ruling  
[GEN: 0928]

SUBJECT: 2012 Group Ruling

FROM: Anthony Picarello, General Counsel  
(Staff: Deirdre Dessingue, Associate General Counsel)

This memorandum relates to the Group Ruling reaffirmation letter issued to the United States Conference of Catholic Bishops ("USCCB") on June 27, 2012 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of subordinate organizations listed in the 2012 edition of the Official Catholic Directory ("OCD")<sup>1</sup>. As explained in greater detail below, this ruling is important for establishing:

- (1) exemption of subordinate organizations under the USCCB Group Ruling from federal income tax; and
- (2) deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2012 Group Ruling letter is the latest in a series that began with the original determination letter of March 25, 1946. In the original 1946 letter, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been reaffirmed with respect to subordinate organizations listed in the current edition of the OCD<sup>2</sup>. The annual group ruling letter clarifies important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Group Ruling letters from prior years establish tax consequences with respect to transactions occurring during those years.

<sup>1</sup> A copy of the Group Ruling and this memo may be found on the USCCB website at [www.usccb.org/ogc](http://www.usccb.org/ogc), under the heading Group Tax Exemption.

<sup>2</sup> Catholic organizations with independent IRS exemption determination letters are listed in the 2012 OCD with an asterisk (\*), which indicates that such organizations are **not** covered by the Group Ruling.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information for submission to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that newly-qualified organizations are listed as soon as possible.

## **EXPLANATION**

1. **Exemption from Federal Income Tax.** The latest Group Ruling letter reaffirms that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions that appear in the 2012 OCD and are subordinate organizations under the Group Ruling are recognized as exempt from federal income tax under section 501(c)(3) of the Code. (*The Group Ruling does not cover organizations listed with asterisks or any foreign organizations listed in the 2012 OCD.*)

**Verification of Exemption under Group Ruling.** The latest Group Ruling letter indicates that most subordinate organizations under a group tax exemption are not separately listed in IRS Publication 78 or the IRS Exempt Organization Business Master File ("EOBMF"). As a result, most subordinate organizations under the USCCB Group Ruling will not be included in various online databases that are derived from either of these IRS sources. This does not mean that subordinate organizations included in the Group Ruling are not tax-exempt, that contributions to them are not deductible, or that they are not eligible for grant funding from corporations, private foundations, or other donors that may rely on online databases for verification of tax-exempt status. It does mean that a Group Ruling subordinate may have to make an extra effort to document its eligibility to receive contributions. The Group Ruling letter states that donors may verify that a subordinate organization is included in the Group Ruling by consulting the Official Catholic Directory or by contacting USCCB directly. It also states that IRS does not verify inclusion of subordinate organizations under the Group Ruling. *Accordingly, neither subordinate organizations nor donors should contact IRS seeking verification of inclusion under the Group Ruling.*

Subordinate organizations should refer donors, including corporations and private foundations, to the specific language in the Group Ruling letter noted above, and to IRS Publication 4573, *Group Exemptions*, available on the IRS website at [www.irs.gov](http://www.irs.gov). Publication 4573 explains that: (1) IRS does not

determine which organizations are included in a group exemption; (2) subordinate organizations exempt under a group exemption do not receive an IRS determination letter; (3) exemption under a group ruling is verified by reference to the official subordinate listing (e.g., the Official Catholic Directory); and (4) it is not necessary for an organization included in a group exemption to be listed in Publication 78 or the EOBFM.

2. **Public Charity Status.** The latest Group Ruling letter recognizes that subordinate organizations included in the 2012 OCD are not private foundations under section 509(a) of the Code, and that all subordinate organizations do not share the same sub-classification under section 509(a). In addition, although USCCB is classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(i), that classification does *not* automatically extend to subordinate organizations covered under the Group Ruling.

**Verification of Public Charity Status.** The latest Group Ruling letter recognizes subordinate organizations covered under its provisions as public charities under section 509(a), but does not specify the subsection of section 509(a) under which they are classified because all covered organizations do not share a common classification. Each subordinate organization must establish its own public charity classification under section 509(a)(1), 509(a)(2) or 509(a)(3) as a condition of inclusion in the Group Ruling.

As a result of requirements imposed by the Pension Protection Act of 2006 with respect to private foundation grants to section 509(a)(3) supporting organizations, private foundations may require more specific documentation of public charity status under section 509(a)(1), 509(a)(2), 509(a)(3)-Type I or 509(a)(3)-Type II.

Certain types of subordinate organizations included in the Group Ruling qualify as public charities by definition under the Code. These are:

- churches and conventions and associations of churches under sections 509(a)(1) and 170(b)(1)(A)(i) [generally limited to dioceses, parishes, religious orders, and state Catholic conferences];
- elementary and secondary schools, colleges and universities under sections 509(a)(1) and 170(b)(1)(A)(ii); and
- hospitals under sections 509(a)(1) and 170(b)(1)(A)(iii).

Other subordinate organizations covered under the Group Ruling may qualify under the public support tests of either sections 509(a)(1) and

170(b)(1)(A)(vi) or section 509(a)(2). Verification of public charity classification under either of the support tests generally can be established by providing a written declaration of the applicable classification signed by an officer of the organization, along with a reasoned written opinion of counsel and a copy of the support test portion of Form 990, if applicable. A section 509(a)(3) organization included in the Group Ruling should be able to rely upon a written declaration of the applicable supporting organization classification signed by an officer of the organization, along with a reasoned written opinion of counsel and Form 990, if applicable, to satisfy foundation grantors of its Type I or Type II supporting organization status.

3. **Deductibility of Contributions.** The latest Group Ruling letter assures donors (including individuals, corporations, and private foundations) that contributions to subordinate organizations listed in the 2012 OCD are deductible for federal income, gift, and estate tax purposes.

4. **Unemployment Tax.** As section 501(c)(3) organizations, subordinate organizations covered by the Group Ruling are exempt from *federal* unemployment tax. However, individual states may impose unemployment tax on subordinate organizations even though they are exempt from federal unemployment tax. Please refer to your local tax advisor any questions you may have about state unemployment tax.

5. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to withhold and pay taxes under the Federal Insurance Contributions Act (FICA) for each employee.<sup>3/</sup> However, services performed by diocesan priests in the exercise of their ministry are not considered "employment" for FICA (Social Security) purposes.<sup>4/</sup> FICA should not be withheld from their salaries. *For Social Security purposes*, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.<sup>5/</sup> Neither FICA nor income tax withholding is required on remuneration paid directly to religious institutes for members who are subject to vows of poverty and

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<sup>3</sup> Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.

<sup>4</sup> I.R.C. § 3121(b)(8)(A).

<sup>5</sup> I.R.C. § 1402(a)(8). See also, Compensation of Priests, at <http://www.usccb.org/bishops/dfi/dualtax.htm>.

obedience and are employed by organizations included in the Official Catholic Directory.<sup>6/</sup>

6. **Federal Excise Tax.** Inclusion in the Group Ruling has no effect on a subordinate organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your local tax advisor any questions you may have about excise taxes.

7. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish a subordinate organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your local tax advisor any questions you may have about state or local tax exemptions.

8. **Form 990.** All subordinate organizations covered under the Group Ruling must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception to this filing requirement. ***There is no automatic exemption from the Form 990 filing requirement simply because an organization is included in the Group Ruling or listed in the OCD.*** Subordinate organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.<sup>7/</sup> Among the organizations not required to file Form 990 under section 6033 of the Code are: (i) churches; (ii) integrated auxiliaries of churches<sup>8/</sup>; (iii)

<sup>6</sup> Rev. Rul. 77-290, 1977-2 C.B. 26. See also, OGC/LRCR Memorandum on Compensation of Religious, <http://www.usccb.org/ogc/RelComp2006.pdf> (September 11, 2006).

<sup>7</sup> The penalty for failure to file the Form 990 is \$20 for each day the failure continues, up to a maximum of \$10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of \$1 million are subject to penalties of \$100 per day, up to a maximum of \$50,000. I.R.C. § 6652(c)(1)(A).

<sup>8</sup> I.R.C. § 6033(a)(3)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

- (1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and
- (2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of

the exclusively religious activities of religious orders; (iv) schools below college level affiliated with a church or operated by a religious order;<sup>9</sup> (v) organizations with gross receipts normally not in excess of \$50,000;<sup>10/</sup> and (vi) certain church-affiliated organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.<sup>11/</sup>

*Special Rules for Section 509(a)(3) Supporting Organizations.* The Pension Protection Act of 2006 eliminated discretionary exceptions to the Form 990 filing requirement as applied to section 509(a)(3) supporting organizations. The discretionary exceptions likely to be affected by this provision are exceptions (v) and (vi) above. This means that if a subordinate organization under the Group Ruling is classified as a section 509(a)(3) supporting organization, it may no longer rely on exceptions (v) or (vi) above as the basis for not filing Form 990. However, a section 509(a)(3) supporting organization that qualifies as an integrated auxiliary of a church under section 6033 may continue to rely on that exception as a basis for not filing Form 990. Because it is a statutory exception, the integrated auxiliary of the church exception was not affected by the Pension Protection Act.

*Form 990-N Filing Requirements.* Under the Pension Protection Act of 2006, a subordinate organization under the Group Ruling that claims exception (v) above (gross receipts normally not in excess of \$50,000) as its sole basis for not filing Form 990 must file annual electronic Form 990-N ("e-postcard") as required by IRS, setting forth the following information: (1) the legal name of the organization; (2) any name under which the organization operates or does business; (3) the organization's mailing address and Internet website address; (4) the organization's EIN; (5) the name and address of a principal officer; (6) evidence of the organization's continued qualification for exemption from the Form 990 filing requirement; and (7) notification of termination, if applicable. Form 990-N must be submitted electronically through the IRS website on or before the 15<sup>th</sup> day of the fifth calendar month following the close of the fiscal year for which it is filed.<sup>12</sup>

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*admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.*

<sup>9</sup> *Treas. Reg. §1.6033-2(g)(1)(vii).*

<sup>10</sup> *Rev. Proc. 2011-15, 2011-3 I.R.B. 322 (January 17, 2011).*

<sup>11</sup> *Rev. Proc. 96-10, 1996-1 C.B. 577.*

<sup>12</sup> *Final Regulations: Notification Requirement for Tax-Exempt Entities Not Currently*  
6

Public Disclosure and Inspection. Any subordinate organization that is required to file either Form 990 or Form 990-N must upon request make a copy of the form and its schedules and attachments (other than Form 990 contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 or Form 990-N for a particular year must be made available for a three year period beginning with the due date of the return.<sup>13/</sup> In addition, any organization that files Form 990 or Form 990-N must comply with written or in-person requests for copies of the form. The organization may impose no fees other than a reasonable fee to cover copying and mailing costs. If requested, copies of the forms for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.<sup>14/</sup>

Public Disclosure of Form 990-T. Under the Pension Protection Act of 2006, Form 990-T, Exempt Organization Unrelated Business Income Tax Return, is subject to the same public inspection and copying rules that apply to Forms 990 and 990-N.

Revocation for Failure to File. Under the Pension Protection Act of 2006, the tax-exempt status of an organization, including a subordinate organization under the Group Ruling, that is required to file either Form 990 or Form 990-N but that fails to do so for three consecutive years will be considered revoked. Reapplication to IRS (not through the Group Ruling process) will be required in order to reinstate exemption. See the IRS website (charities and non-profits) at <http://www.irs.gov/charities/article/0,,id=239696,00.html> for information on automatic revocation, including the current list of revoked organizations and guidance about reinstatement of exemption.

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Required to File, 74 Fed. Reg. 36395 (July 23, 2009).

<sup>13</sup> The penalty for failure to permit public inspection of the Form 990 is \$20 for each day during which such failure continues, up to a maximum of \$10,000. I.R.C. § 6652(c)(1)(C).

<sup>14</sup> I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.

Group Returns. No subordinate organization under the Group Ruling is authorized to file a group return Form 990 for its own affiliated group of organizations.

9. **Revenue Procedure 75-50**. Rev. Proc. 75-50<sup>15</sup> sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies with which private schools, including church-related schools, must comply as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form is available at [www.irs.gov](http://www.irs.gov). Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed by an individual school or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. ***Diocesan or school officials should ensure that the requirements of Rev. Proc. 75-50 are met since failure to do so could jeopardize the tax-exempt status of the school and, in the case of a school not legally separate from the church, the tax-exempt status of the church itself.***

10. **Lobbying Activities.** Subordinate organizations under the Group Ruling may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to a subordinate organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your local tax advisor any questions you may have about permissible lobbying activities.

11. **Political Activities.** ***Subordinate organizations under the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political campaign intervention can jeopardize the organization's tax-exempt status.*** In addition to revoking tax-exempt status, IRS may also impose excise taxes on an exempt organization and its

managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. The Office of General Counsel memorandum, *Political Campaign Activity Guidance for Catholic Organizations*, available at [www.usccb.org/ocg](http://www.usccb.org/ocg), contains detailed information regarding the prohibition against political campaign intervention. If you have any questions in this regard, please refer them to your local tax advisor.

12. **Group Exemption Number (“GEN”).** The group exemption number assigned to the USCCB Group Ruling is 0928. ***This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by a subordinate organization under the Group Ruling.***<sup>16/</sup> We advise against using GEN 0928 on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS improperly including USCCB as part of the subordinate organization's name in IRS records.

13. **Employer Identification Numbers (“EINs”).** Each subordinate organization under the Group Ruling should have its own EIN. A subordinate organization must use its own EIN, *not USCCB's EIN*, in all filings with IRS (e.g., Forms 941, W-2, 1099, or 990) and other financial documents. In addition, subordinate organizations may *not* use USCCB's EIN in order to qualify for online donations, grants or matching gifts.

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<sup>16</sup>

IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number (0928) on their Form 990 filings, particularly the initial filing.



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/26/2011	201126601184	FOREIGN/STATEMENT OF CONTINUED EXISTENCE (FCE)	25.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

RECEIVED  
SEP 30 2011  
BY: *W*

HUMILITY OF MARY HOUSING, INC.  
3250 W. MARKET ST. #204  
AKRON, OH 44333

**STATE OF OHIO  
CERTIFICATE  
Ohio Secretary of State, Jon Husted**

830604

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**HUMILITY OF MARY HOUSING, INC.**

and, that said business records show the filing and recording of:

Document(s):

**FOREIGN/STATEMENT OF CONTINUED EXISTENCE**

Document No(s):

**201126601184**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 21st day of September, A.D.  
2011

*Jon Husted*

Ohio Secretary of State

## HUMILITY OF MARY HOUSING, INC.

### BOARD OF DIRECTORS

#### EX-OFFICIO BOARD MEMBERS

**Sr. Toby Lardie, HM, Secretary**  
*Ex officio*  
**Executive/Governance Committee**  
HM Ministry Center  
20015 Detroit Road  
Rocky River, OH 44116  
440-356-5707 (w)  
[REDACTED] (c)  
HM Leadership Team  
[tlardie@hmmministry.org](mailto:tlardie@hmmministry.org)

**Kenneth W. Radigan, President \***  
*Ex officio All Committees*  
Humility of Mary Housing, Inc.  
3250 W. Market St. #204  
Akron, OH 44333  
234-525-6404 (w)  
[REDACTED] (c)  
330-384-2144 (fax)  
President / CEO HMHI  
[kradigan@hmhousing.org](mailto:kradigan@hmhousing.org)

**Melissa Massey-Flinn**  
*Ex officio*  
**H.M. Life Opportunities Services**  
1815 West Market St. # 301  
Akron, Oh 44313  
234-525-6425 (w)  
[REDACTED]  
Program Director, HM Life  
[mmflinn@hmlife.org](mailto:mmflinn@hmlife.org)

#### ELECTED BOARD MEMBERS

**Richard Boyson Jr., Chairperson**  
*Executive & Governance Committee*  
*Finance Committee*  
[REDACTED]  
Dublin, OH 43016  
216-820-4487 (w)  
[REDACTED] (c)  
[rboyson@therapypartnersohio.com](mailto:rboyson@therapypartnersohio.com)  
Vice President Finance  
2nd Term Ends 6/30/15

**Jay Porter, Vice Chairperson**  
*Executive & Governance*  
*Committee*  
[REDACTED]  
Akron, OH 44313  
[REDACTED] (h)  
330-208-1011 (w)  
330-208-1062 (fax)  
[jporter@vorys.com](mailto:jporter@vorys.com)  
Attorney  
2nd Term Ends 06/30/14

**Keith Stahl, Treasurer**  
*Executive & Governance Com.*  
*Finance Committee*  
[REDACTED]  
Akron, OH 44303  
330-253-9388 (w)  
[REDACTED] (c)  
[stahlkei@cssbh.org](mailto:stahlkei@cssbh.org)  
Social Services Administrator  
1<sup>st</sup> Term Ends June 30, 2014

**Annette M. Ruby**  
*Program & Planning Committee*  
[REDACTED]  
Akkron OH 44333  
330-996-8651 (w)  
330-996-8611 (fax)  
[REDACTED] (cell)  
[ruba@summacare.com](mailto:ruba@summacare.com)  
Healthcare Administrator  
3rd Term Ends 06/30/15

**Richard A. Donahue**  
*Program & Planning Committee*  
[REDACTED]  
LaGrange, OH 44050  
[REDACTED] (h)  
[REDACTED]  
Zoning Inspector  
3Yr. Appointment Ends 06/30/13

**Eric Bryant**  
*Program & Planning Committee*  
[REDACTED]  
Akron, OH 44313  
330-315-7403 (w)  
[REDACTED] (c)  
[bryante@firstenergycorp.com](mailto:bryante@firstenergycorp.com)  
Manager, Operations &  
Compliance  
1<sup>st</sup> Term Ends June 30, 2014

**Angeli Persons**  
*Program & Planning Committee*

Maple Heights, OH 44137

[REDACTED] (h)

[REDACTED] (c)

Patient Care Representative  
1<sup>st</sup> Term Ends June 30, 2014

**Susan Lines**  
*Executive & Governance Com  
Program & Planning Committee*

Akron, OH 44333  
Senior Associate Brokerage Svcs  
330-374-6347(w)  
330-374-6376(fax)  
[REDACTED] (cell)  
[susan.lines@cbre.com](mailto:susan.lines@cbre.com)  
3rd Term Ends 06/30/13

**Paul Hess**  
*Finance Committee*

[REDACTED]

Canton, OH 44710

[REDACTED] (h)

330-455-0374 (w)

[REDACTED] (c)

[phess@csstark.org](mailto:phess@csstark.org)

Chief Operating Officer

1<sup>st</sup> Term Ends June 30, 2014

**Kelly Frank**  
*Finance Committee*

Hudson, OH 44236

330-384-7095 (w)

[REDACTED] (c)

[Kelly.frank@firstmerit.com](mailto:Kelly.frank@firstmerit.com)  
Vice President  
1<sup>st</sup> Term Ends 06/30/2015

**Karen Hrdlicka**  
*Program & Planning Committee*

Akron, OH 44305  
330-245-7312 (w)  
[REDACTED] (c)  
[karen@stlcc.org](mailto:karen@stlcc.org)  
Executive Director / Administrator  
1<sup>st</sup> Term Ends 06/30/2015

**Sister Jane Pank, HM**

[REDACTED]

Sheffield Lake OH 44054

[REDACTED] (h)

1<sup>st</sup> Term Ends 06/30/2015

**Sister Ann McManamon, HM**  
PO Box 863  
Youngstown OH 44501  
[REDACTED] (c)  
1<sup>st</sup> Term Ends 06/30/2015

**Matthew Jentner**

Bath, OH 44333  
330-668-1000 (w)  
[REDACTED] (c)  
[REDACTED] (h)  
1<sup>st</sup> Term Ends 06/30/2015

**Lynn Sargi**

[REDACTED]

Lyndhurst, OH 44124

330-634-8049 (w)

[REDACTED] (c)

[REDACTED] (h)

[lsargi@summitdd.org](mailto:lsargi@summitdd.org)

1<sup>st</sup> Term Ends 06/30/2015

- Directors serve three-year terms with maximum of three consecutive terms.

**Executive /Governance Committee:** Sr. Toby Lardie, Richard Boyson, Jay Porter, Keith Stahl, Susan Lines, Sr. Jane Pank, Sr. Ann McManamon, Ken Radigan

**Finance Committee:** Richard Boyson, Paul Hess, Keith Stahl, Kelly Frank, Matt Jentner, Ken Radigan, Lori Miller

**Program / Planning Committee:** Annette Ruby, Dick Donahue, Ken Radigan, Cathy Walsh, Susan Lines, Angeli Persons, Eric Bryant, Karen Hrdlicka, Lynn Sargi

**Caritas Communities:** Susan Lines, Paul Hess, Ken Radigan

**HMH Akron (St. Martha Manor):** Susan Lines, Ken Radigan



# Humility of Mary Housing

3250 West Market Street, Suite 204, Akron, OH 44333    Phone: 330-384-1555    Fax: 330-384-2144

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September 3, 2013

Jonathan McKay  
Ohio Development Service Agency  
Office of Community Development  
77 S. High Street  
Columbus, Ohio 43216

Dear Mr. McKay:

As Chairperson of the Board of Directors of Humility of Mary Housing, Inc., the sponsor of the emergency assistance program operated through Emmanuel Community Care Center (ECCC), I authorize Sr. Jean Orsuto, Executive Director of ECCC, to submit an Application for the Homeless Crisis Response Program (HCRP) of the Ohio Development Service Agency.

Please do not hesitate to contact me at 234-525-6404 regarding this letter or for any reason.

Sincerely,

Richard Boyson, Jr.  
Chair, Humility of Mary Housing, Inc.



# Humility of Mary Housing

3250 West Market Street, Suite 204, Akron, OH 44333 Phone: 330-384-1555 Fax: 330-384-2144

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September 3, 2013

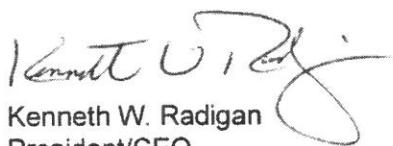
Jonathan McKay  
Ohio Development Service Agency  
Office of Community Development  
77 S. High Street  
Columbus, Ohio 43216

Dear Mr. McKay:

As President/CEO of Humility of Mary Housing, Inc., the sponsor of the proposed Homeless Crisis Response Program (HCRP) to be operated through Emmanuel Community Care Center (ECCC), I am authorized to clarify that Humility of Mary Housing, Inc. has a voluntary Board of Directors who receive no compensation, other than reimbursement for expenses, for their services. Furthermore, ECCC has its own active voluntary Advisory Board, who receive no compensation, other than reimbursement for expenses, for their services. A full description of the roles of the Board of Directors can be found in the Code of Regulations.

Please do not hesitate to contact me at 234-525-6404 regarding this letter. Sr. Jean Orsuto can be reached regarding this letter at (330) 545-4301.

Sincerely,



Kenneth W. Radigan  
President/CEO



Sr. Jean Orsuto, H.M.  
Executive Director  
Emmanuel Community Care Center



# Humility of Mary Housing

3250 West Market Street, Suite 204, Akron, OH 44333    Phone: 330-384-1555    Fax: 330-384-2144

September 3, 2013

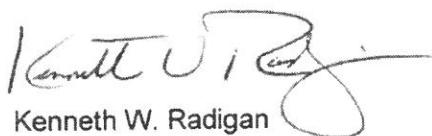
Jonathan McKay  
Ohio Development Service Agency  
Office of Community Development  
77 S. High Street  
Columbus, Ohio 43216

Dear Mr. McKay:

As President/CEO of Humility of Mary Housing, Inc., the sponsor of the proposed Homeless Crisis Response Program (HCRP) to be operated through Emmanuel Community Care Center (ECCC), I am authorized to commit agency funds in the amount of \$14,521 as match funds for the HCRP grant. These funds come from donations and fundraising activities.

Please do not hesitate to contact me at 234-525-6404 regarding this letter. Sr. Jean Orsuto can be reached regarding this letter at (330) 545-4301.

Sincerely,



Kenneth W. Radigan  
President/CEO



Sr. Jean Orsuto, H.M.  
Executive Director  
Emmanuel Community Care Center

**HUD CoC APR**  
**Annual Performance Report**  
**Question 7**

Homelessness  
 Prevention  
 1/1/13 - 6/30/13  
 \* No grant money  
 until 15-2-13

**7. HMIS or Comparable Database Data Quality**

Total number of records for All Clients	17
Total number of records for Adults Only	12
Total number of records for Unaccompanied Youth	0
Total number of records for Leavers	12

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	0	0
Date of Birth	0	0
Race	0	0
Ethnicity	0	0
Gender	0	0
Veteran Status	0	0
Disabling Condition	0	0
Residence Prior to Entry	0	0
Zip of Last Permanent Address	0	0
Housing Status (at entry)	0	0
Income (at entry)	0	0
Income (at exit)	0	0
Non-Cash Benefits (at entry)	0	0
Non-Cash Benefits (at exit)	0	0
Physical Disability (at entry)	0	0
Developmental Disability (at entry)	0	0
Chronic Health Condition (at entry)	0	0
HIV / AIDS (at entry)	0	0
Mental Health (at entry)	0	0
Substance Abuse (at entry)	0	0
Domestic Violence (at entry)	0	0
Destination	0	0

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**8. Persons Served During the Operating Year by Type**

**Number of Persons in Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	12	8	4	0	0
Children	5	0	5	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
<b>TOTAL</b>	<b>17</b>	<b>8</b>	<b>9</b>	<b>0</b>	<b>0</b>

**Average Number of persons Served Each Night**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Average Number of Persons	2.75	0.9	1.85	0	0

**Point-in-Time Count of Persons on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	0	0	0	0	0
April	0	0	0	0	0
July	5	0	5	0	0
October	0	0	0	0	0

**9. Households Served During the Operating Year**

**Number of Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Households	9	6	3	0	0

**Point-in-Time Count of Households Served on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	0	0	0	0	0
April	0	0	0	0	0
July	2	0	2	0	0
October	0	0	0	0	0

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**12. Client Contacts and Engagements**

**Number of Persons Contacted Rates During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Number of Persons Engaged by Number of Contacts During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
1 Contact	0	0	0	0	0
2-5 Contacts	0	0	0	0	0
6-9 Contacts	0	0	0	0	0
10+ Contacts	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Rate of Engagement	0	0	0	0
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**15a. Gender - Adults**

	Gender of Adults Number of Adults in Households			
	Total	Without Children	With Children and Adults	Unknown HH Type
Male	2	1	1	0
Female	10	7	3	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>12</b>	<b>8</b>	<b>4</b>	<b>0</b>

**15b. Gender - Children**

	Gender of Children Number of Children in Households			
	Total	With Children and Adults	With Only Children	Unknown HH Type
Male	3	3	0	0
Female	2	2	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>

**15c. Gender - Missing Age**

	Gender of Persons Missing Age Information Number of Persons in Households				
	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgendered	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**16. Age**

	Age Number of Persons in Households				
	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Under 5	0	0	0	0	0
5 - 12	2	0	2	0	0
13 - 17	3	0	3	0	0
18 - 24	3	2	1	0	0
25 - 34	1	0	1	0	0
35 - 44	4	3	1	0	0
45 - 54	3	2	1	0	0
55 - 61	1	1	0	0	0
62+	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Age Error (Negative Age or 100+)	0	0	0	0	0
<b>Total</b>	<b>17</b>	<b>8</b>	<b>9</b>	<b>0</b>	<b>0</b>

**17a. Ethnicity**

	Ethnicity Number of Persons in Households				
	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Non-Hispanic/Non-Latino	17	8	9	0	0
Hispanic/Latino	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>17</b>	<b>8</b>	<b>9</b>	<b>0</b>	<b>0</b>

**17b. Race**

	Race Number of Persons in Households				
	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
White	1	1	0	0	0
Black or African-American	15	6	9	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	1	1	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>17</b>	<b>8</b>	<b>9</b>	<b>0</b>	<b>0</b>

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**18a. Physical and Mental Health Types of Conditions at Entry**

**Known Physical and Mental Health Conditions**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Mental Illness	1	1	0	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0	0
Developmental Disability	0	0	0	0	0
Physical Disability	4	2	2	0	0

**18b. Physical and Mental Health Known Conditions at Entry**

**Number of Known Conditions**  
**Number of Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
None	12	5	7	0	0
1 Condition	5	3	2	0	0
2 Conditions	0	0	0	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Don't Know / Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL:</b>	<b>17</b>	<b>8</b>	<b>9</b>	<b>0</b>	<b>0</b>

**19a. Victims of Domestic Violence**

**Past Domestic Violence Experience**  
**Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Yes	0	0	0	0	0
No	12	8	4	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>12</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>0</b>

**19b. When Past Domestic Violence Experience Occurred**

**Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Less than 3 Months	0	0	0	0	0
3 to 6 Months Ago	0	0	0	0	0
6 to 12 Months Ago	0	0	0	0	0
More tha a year Ago	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Question 20**

**20a1. Residence Prior to Program Entry - Homeless Situations**

**Residence Prior to Program Entry - Homeless Situations**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Emergency Shelter	0	0	0	0	0
Transitional housing for homeless persons	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a2. Residence Prior to Program Entry - Institutional Settings**

**Residence Prior to Program Entry - Institutional Settings**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital (Non-psychiatric)	0	0	0	0	0
Jail, prison , or juvenile detention facility	0	0	0	0	0
Foster Care	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a3. Residence Prior to Program Entry - Other Locations**

**Residence Prior to Program Entry - Other Locations**  
**Number of Adults and Unaccompanied Youth in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
PSH for Homeless persons	0	0	0	0	0
Owned by Client, no Subsidy	0	0	0	0	0
Owned by Client, with Subsidy	0	0	0	0	0
Rental by Client, no subsidy	6	3	3	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other ongoing Subsidy	3	3	0	0	0
Hotel/Motel, Paid by Client	0	0	0	0	0
Staying or Living with Family	2	1	1	0	0
Staying or Living with Friend(s)	1	1	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>12</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>0</b>

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**21. Veteran Status**

	Veteran Status Number of Adults in Households			
	Total	Without Children	With Children and Adults	Unknown HH Type
Veteran	0	0	0	0
Not a Veteran	12	8	4	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Total</b>	<b>12</b>	<b>8</b>	<b>4</b>	<b>0</b>

**22a1. Physical and Mental Health Condition Types at Exit - Leavers**

	Known Physical and Mental Health Conditions Leavers - Total Number by Type			
	All Persons	Adults	Children	Unknown
Mental Illness	1	1	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	2	2	0	0

**22a2. Known Physical and Mental Health Condition at Exit - Leavers**

	Number of Known Conditions Leavers - Total Number by Type			
	All Persons	Adults	Children	Unknown
None	9	7	2	0
1 Condition	3	3	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>12</b>	<b>10</b>	<b>2</b>	<b>0</b>

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**22b1. Physical and Mental Health Condition Types at Exit – Stayers**

**Known Physical and Mental Health Conditions**  
**Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	0	0	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	2	2	0	0

**22b2. Known Physical and Mental Health Condition at Exit – Stayers**

**Number of Known Conditions**  
**Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	3	0	3	0
1 Condition	2	2	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>0</b>

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**Questions 23-24**

**23. Client Monthly Cash-Income Amount - Adult Leavers**

**Client Monthly Cash-Income Amount**  
**Number of Adult Leavers**

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income Change	Average Change (\$) Monthly Income per Adult
No Income	2	0		0	2	0	\$664.00
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	1	1	0	1	0	0	0
\$251 - \$500	0	0	0	0	0	0	\$0.00
\$501 - \$750	3	5	0	3	0	0	\$0.00
\$751 - \$1,000	1	1	0	1	0	0	\$0.00
\$1,001 - \$1,250	2	2	0	2	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	\$0.00
\$1,501 - \$1,750	1	1	0	1	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>\$132.80</b>

**24. Client Monthly Cash-Income Amount by Entry and Latest Status**

**Client Monthly Cash-Income Amount by Entry and Latest Status**  
**Number of Adult Stayers**

Program Entry	Income at Entry	Follow-up Total	Less Income at Follow-up	Same Income at Follow-up	More Income at Follow-up	Unknown Income Change	Average Change (\$) Monthly Income per Adult
No Income	1	1		1	0	0	\$0.00
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	0	0	0	0	0	0	0
\$501 - \$750	0	0	0	0	0	0	0
\$751 - \$1,000	0	0	0	0	0	0	\$0.00
\$1,001 - \$1,250	1	1	0	1	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	0	0	0	0	0	0	0
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>

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**Question 25**

**25a1. Cash Income Types by Exit Status - Leavers**

	Cash-Income Sources					
	Type of Cash-Income Sources by Number of Persons - Leavers	Total	Adults	Children	Age Unknown	
Earned Income	5	5	0	0	0	
Unemployment Insurance	4	2	0	0	0	
SSI	0	0	0	0	0	
SSDI	2	2	0	0	0	
Veteran's Disability	0	0	0	0	0	
Private Disability Insurance	0	0	0	0	0	
Worker's Compensation	0	0	0	0	0	
TANF or Equivalent	0	0	0	0	0	
General Assistance	0	0	0	0	0	
Retirement (Social Security)	0	0	0	0	0	
Veteran's Pension	0	0	0	0	0	
Pension from Former Job	0	0	0	0	0	
Child Support	5	3	2	0	0	
Alimony (Spousal Support)	0	0	0	0	0	
Other Source	0	0	0	0	0	
<b>TOTAL</b>	<b>16</b>	<b>12</b>	<b>4</b>	<b>0</b>	<b>0</b>	

**25a2. Cash-Income by Exit Status - Leavers**

	Cash-Income Sources					
	Number of Cash-Income Sources by Number of Persons - Leavers	Total	Adults	Children	Age Unknown	
No Sources	0	0	0	0	0	
1+ Source(s)	12	10	2	0	0	
Don't Know / Refused	0	0	0	0	0	
Missing this Information	0	0	0	0	0	
<b>TOTAL</b>	<b>12</b>	<b>10</b>	<b>2</b>	<b>0</b>	<b>0</b>	

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**Question 25**

**25b1. Cash-Income Sources - Stayers**

**Cash-Income Sources**  
**Type of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Earned Income	0	0	0	0
Unemployment Insurance	0	0	0	0
SSI	0	0	0	0
SSDI	3	1	2	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	3	1	2	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>0</b>

**25b2. Cash Income Number of Sources - Stayers**

**Cash-Income Sources**  
**Number of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	2	1	1	0
1+ Source(s)	3	1	2	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>0</b>

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**Question 26**

**26a1. Non-Cash Benefit Types by Exit Status - Leavers**

**Non-Cash Benefits**  
**Non-Cash Benefits by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	10	8	2	0
MEDICAID Health Insurance	8	6	2	0
MEDICARE Health Insurance	1	1	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	4	4	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>23</b>	<b>19</b>	<b>4</b>	<b>0</b>

**26a2. Non-Cash Benefits by Exit Status - Leavers**

**Client Non-Cash Benefits by Exit Status**  
**Number of Non-Cash Benefits by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
No Sources	1	1	0	0
1+ Source(s)	11	9	2	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>12</b>	<b>10</b>	<b>2</b>	<b>0</b>

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**Question 26**

**26b1. Non-Cash Benefit Sources - Stayers**

**Non-Cash Benefits**  
**Non-Cash Benefits by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	5	2	3	0
MEDICAID Health Insurance	5	2	3	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	3	1	2	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	2	1	1	0
<b>TOTAL</b>	<b>15</b>	<b>6</b>	<b>9</b>	<b>0</b>

**26b2. Number of Non-Cash Benefit Sources - Stayers**

**Client Non-Cash Benefits by Exit Status**  
**Number of Non-Cash Benefits by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	5	2	3	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>0</b>

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**Question 27**

**27. Length of Participation by Exit Status**

**Length of Participation by Exit Status**  
**Number of Persons**

	<b>Total</b>	<b>Leavers</b>	<b>Stayers</b>
Less than 30 days	12	12	0
31 to 60 days	0	0	0
61 to 180 days	5	0	5
181 to 365 days	0	0	0
366 to 730 days (1-2 Yrs)	0	0	0
731 to 1095 days (2-3 Yrs)	0	0	0
1096 to 1460 days (3-4 Yrs)	0	0	0
1461 to 1825 days (4-5 Yrs)	0	0	0
More than 1825 Days (>5 Yrs)	0	0	0
Information Missing	0	0	0
<b>Total</b>	<b>17</b>	<b>12</b>	<b>5</b>

**Average and Median Length of Participation in Days**

	<b>Average Length</b>	<b>Median Length</b>
Leavers	20	20
Stayers	69	73

**Total Length of Participation in Days / Shelter Nights**

	<b>Total Shelter Nights</b>
<b>Total</b>	<b>584</b>

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**Question 29**

**29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)**  
**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Question 29**

**29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)**

**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	8	4	4	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	4	4	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	<b>12</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>0</b>

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Question 36**

**36a. Permanent Housing Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36b. Transitional Housing Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36c. Street Outreach Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Physical Disability			0	0	0.00%	
2b. Developmental Disability			0	0	0.00%	
2c. Chronic Health			0	0	0.00%	
2d. HIV/AIDS			0	0	0.00%	
2e. Mental Health			0	0	0.00%	
2f. Substance Abuse			0	0	0.00%	

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**Question 36**

**36d. Supportive Services Only (SSO) Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

**36e. Safe Haven Programs**

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	

# HUD CoC APR

## Annual Performance Report

### Additional Information

User Prompt Field	Value(s) Selected
1. Select Provider Group(s):	-None Selected-
1. Select Provider(s):	Trumbull - Humility of Mary Housing - HCRP HP(976)
2. Enter Start Date:	1/1/2013
3. Enter End Date PLUS 1 Day:	8/1/2013
4. Select Entry Type:	HUD
5. Enter Adult Age:	18
EDA Provider	Trumbull - Humility of Mary Housing - HCRP HP(976)
Enter Effective Date	8/1/2013
Is using the Disability Determination field part of your workflow for HUD reporting?	No
Is using the Receiving Income Source field part of your workflow for HUD reporting?	Yes
Is using the Receiving Benefit field part of your workflow for HUD reporting?	Yes

Provider Reporting Information	Client Count Based on Uid	Unduplicated Count
Trumbull - Humility of Mary Housing - HCRP HP(976)	17	17

Additional Information  
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### **Question 7 Missing Data Elements**

**SSN**

**DOB**

**Race**

**Ethnicity**

**Total: 0**

**Total: 0**

**Total: 0**

**Total: 0**

### Question 7 Missing Data Elements

---

Income at Entry	Income at Exit	Non-Cash at Entry	Non-Cash at Exit	Noncash Q 26b2
#MULTIVALE	#MULTIVALE	#MULTIVALE	#MULTIVALE	#MULTIVALE
Total: 0	Total: 0	Total: 0	Total: 0	Total: 0

### **Question 7 Missing Data Elements**

### Question 8 Households

---

Unknown HH Type

Households with  
Children Only

Unaccompanied  
Youth

Total: 0

Total: 0

Total: 0

### Question 7 Totals

All Clients	Adults	Children	Leavers	Stayers
102254	102254	102255	140468	102254
102255	140468	102256	140471	102255
102256	140471	140472	140472	102256
140468	140474	140476	140474	140768
140471	140768	140769	140476	140769
140472	141810		141810	
140474	142052	<b>Total: 5</b>	142052	<b>Total: 5</b>
140476	142054		142054	
140768	142075		142075	
140769	142080		142080	
141810	142081		142081	
142052	142082		142082	
142054				
142075	<b>Total: 12</b>		<b>Total: 12</b>	
142080				
142081				
142082				
<b>Total: 17</b>				

**Question 18a Detail**

Mental Health Condition at Entry	Alcohol Abuse at Entry	Drug Abuse at Entry	Chronic Condition at Entry	HIV at Entry	Developmental Disability at Entry	Physical Disability at Entry
142075						102254
	Total: 0	Total: 0		Total: 0	Total: 0	140468
			Total: 0		Total: 0	140768
	Total: 1					142080
					Total: 4	

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**Question 7**

MAPRA Housing  
 1-1-13 to 6-30-13  
 \* No grant money  
 until 5-2-13

**7. HMIS or Comparable Database Data Quality**

Total number of records for All Clients	5
Total number of records for Adults Only	5
Total number of records for Unaccompanied Youth	0
Total number of records for Leavers	3

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	0	0
Date of Birth	0	0
Race	0	0
Ethnicity	0	0
Gender	0	0
Veteran Status	0	0
Disabling Condition	0	0
Residence Prior to Entry	0	0
Zip of Last Permanent Address	0	0
Housing Status (at entry)	0	0
Income (at entry)	0	0
Income (at exit)	0	0
Non-Cash Benefits (at entry)	0	0
Non-Cash Benefits (at exit)	0	0
Physical Disability (at entry)	0	0
Developmental Disability (at entry)	0	0
Chronic Health Condition (at entry)	0	0
HIV / AIDS (at entry)	0	0
Mental Health (at entry)	0	0
Substance Abuse (at entry)	0	0
Domestic Violence (at entry)	0	0
Destination	0	0

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**Questions 8-9**

**8. Persons Served During the Operating Year by Type**

**Number of Persons in Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	5	5	0	0	0
Children	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Average Number of persons Served Each Night**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Average Number of Persons	1	1	0	0	0

**Point-in-Time Count of Persons on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	0	0	0	0	0
April	0	0	0	0	0
July	2	2	0	0	0
October	0	0	0	0	0

**9. Households Served During the Operating Year**

**Number of Households Served During the Operating Year**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Households	5	5	0	0	0

**Point-in-Time Count of Households Served on the Last Wednesday in**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	0	0	0	0	0
April	0	0	0	0	0
July	2	2	0	0	0
October	0	0	0	0	0

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**Question 12**

**12. Client Contacts and Engagements**

**Number of Persons Contacted Rates During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Number of Persons Engaged by Number of Contacts During the Operating Year**

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
1 Contact	0	0	0	0	0
2-5 Contacts	0	0	0	0	0
6-9 Contacts	0	0	0	0	0
10+ Contacts	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Rate of Engagement      0      0      0      0      0

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**Question 15**

**15a. Gender - Adults**

<b>Gender of Adults</b> <b>Number of Adults in Households</b>				
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>Unknown HH Type</b>
Male	3	3	0	0
Female	2	2	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>

**15b. Gender - Children**

<b>Gender of Children</b> <b>Number of Children in Households</b>				
	<b>Total</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown HH Type</b>
Male	0	0	0	0
Female	0	0	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**15c. Gender - Missing Age**

<b>Gender of Persons Missing Age Information</b> <b>Number of Persons in Households</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown HH Type</b>
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgendered	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Questions 16-17**

**16. Age**

	Total	Age Number of Persons in Households			
		Without Children	With Children and Adults	With Only Children	Unknown HH Type
Under 5	0	0	0	0	0
5 - 12	0	0	0	0	0
13 - 17	0	0	0	0	0
18 - 24	0	0	0	0	0
25 - 34	1	1	0	0	0
35 - 44	1	1	0	0	0
45 - 54	1	1	0	0	0
55 - 61	1	1	0	0	0
62+	1	1	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Age Error (Negative Age or 100+)	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>

**17a. Ethnicity**

	Total	Ethnicity Number of Persons in Households			
		Without Children	With Children and Adults	With Only Children	Unknown HH Type
Non-Hispanic/Non-Latino	5	5	0	0	0
Hispanic/Latino	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>

**17b. Race**

	Total	Race Number of Persons in Households			
		Without Children	With Children and Adults	With Only Children	Unknown HH Type
White	2	2	0	0	0
Black or African-American	3	3	0	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Questions 18-19**

**18a. Physical and Mental Health Types of Conditions at Entry**

**Known Physical and Mental Health Conditions**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Mental Illness	2	2	0	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0	0
Developmental Disability	0	0	0	0	0
Physical Disability	1	1	0	0	0

**18b. Physical and Mental Health Known Conditions at Entry**

**Number of Known Conditions**  
**Number of Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
None	2	2	0	0	0
1 Condition	3	3	0	0	0
2 Conditions	0	0	0	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Don't Know / Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL:</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>

**19a. Victims of Domestic Violence**

**Past Domestic Violence Experience**  
**Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Yes	0	0	0	0	0
No	5	5	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>

**19b. When Past Domestic Violence Experience Occurred**

**Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Less than 3 Months	0	0	0	0	0
3 to 6 Months Ago	0	0	0	0	0
6 to 12 Months Ago	0	0	0	0	0
More tha a year Ago	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Question 20**

**20a1. Residence Prior to Program Entry - Homeless Situations**

**Residence Prior to Program Entry - Homeless Situations**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Emergency Shelter	4	4	0	0	0
Transitional housing for homeless persons	0	0	0	0	0
Place not meant for habitation	1	1	0	0	0
Safe Haven	0	0	0	0	0
<b>TOTAL</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a2. Residence Prior to Program Entry - Institutional Settings**

**Residence Prior to Program Entry - Institutional Settings**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital (Non-psychiatric)	0	0	0	0	0
Jail, prison , or juvenile detention facility	0	0	0	0	0
Foster Care	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**20a3. Residence Prior to Program Entry - Other Locations**

**Residence Prior to Program Entry - Other Locations**  
**Number of Adults and Unaccompanied Youth in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
PSH for Homeless persons	0	0	0	0	0
Owned by Client, no Subsidy	0	0	0	0	0
Owned by Client, with Subsidy	0	0	0	0	0
Rental by Client, no subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other ongoing Subsidy	0	0	0	0	0
Hotel/Motel, Paid by Client	0	0	0	0	0
Staying or Living with Family	0	0	0	0	0
Staying or Living with Friend(s)	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Questions 21-22**

**21. Veteran Status**

	<b>Veteran Status</b> <b>Number of Adults in Households</b>			
	Total	Without Children	With Children and Adults	Unknown HH Type
Veteran	0	0	0	0
Not a Veteran	5	5	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Total</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>

**22a1. Physical and Mental Health Condition Types at Exit - Leavers**

**Known Physical and Mental Health Conditions**  
**Leavers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	1	1	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	1	1	0	0

**22a2. Known Physical and Mental Health Condition at Exit - Leavers**

**Number of Known Conditions**  
**Leavers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	1	1	0	0
1 Condition	2	2	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

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**22b1. Physical and Mental Health Condition Types at Exit – Stayers**

**Known Physical and Mental Health Conditions**  
**Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
Mental Illness	1	1	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	0	0	0	0
Physical Disability	0	0	0	0

**22b2. Known Physical and Mental Health Condition at Exit – Stayers**

**Number of Known Conditions**  
**Stayers - Total Number by Type**

	All Persons	Adults	Children	Unknown
None	1	1	0	0
1 Condition	1	1	0	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
<b>TOTAL:</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

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**Questions 23-24**

**23. Client Monthly Cash-Income Amount - Adult Leavers**

**Client Monthly Cash-Income Amount**  
**Number of Adult Leavers**

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income Change	Average Change (\$) Monthly Income per Adult
No Income	0	0		0	0	0	0
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	0	0	0	0	0	0	0
\$501 - \$750	1	1	0	1	0	0	\$0.00
\$751 - \$1,000	1	1	0	1	0	0	\$0.00
\$1,001 - \$1,250	0	0	0	0	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	1	1	0	1	0	0	\$0.00
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>

**24. Client Monthly Cash-Income Amount by Entry and Latest Status**

**Client Monthly Cash-Income Amount by Entry and Latest Status**  
**Number of Adult Stayers**

Program Entry	Income at Entry	Follow-up Total	Less Income at Follow-up	Same Income at Follow-up	More Income at Follow-up	Unknown Income Change	Average Change (\$) Monthly Income per Adult
No Income	0	0		0	0	0	0
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	0	0	0	0	0	0	0
\$251 - \$500	0	0	0	0	0	0	0
\$501 - \$750	1	1	0	1	0	0	\$0.00
\$751 - \$1,000	0	0	0	0	0	0	0
\$1,001 - \$1,250	0	0	0	0	0	0	0
\$1,251 - \$1,500	0	0	0	0	0	0	0
\$1,501 - \$1,750	1	1	0	1	0	0	\$0.00
\$1,751 - \$2,000	0	0	0	0	0	0	0
\$2,001 +	0	0	0	0	0	0	0
Don't Know/Refused	0	0				0	
Missing/No Follow-up	0	0				0	
<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>

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**Question 25**

**25a1. Cash Income Types by Exit Status - Leavers**

Type of Cash-Income Sources by Number of Persons - Leavers	Cash-Income Sources			
	Total	Adults	Children	Age Unknown
Earned Income	1	1	0	0
Unemployment Insurance	0	0	0	0
SSI	1	1	0	0
SSDI	1	1	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	1	1	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>

**25a2. Cash-Income by Exit Status - Leavers**

Number of Cash-Income Sources by Number of Persons - Leavers	Cash-Income Sources			
	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	3	3	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

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**Question 25**

**25b1. Cash-Income Sources - Stayers**

**Cash-Income Sources**  
**Type of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Earned Income	1	1	0	0
Unemployment Insurance	0	0	0	0
SSI	1	1	0	0
SSDI	1	1	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

**25b2. Cash Income Number of Sources - Stayers**

**Cash-Income Sources**  
**Number of Cash-Income Sources by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	2	2	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

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**Question 26**

**26a1. Non-Cash Benefit Types by Exit Status - Leavers**

**Non-Cash Benefits**  
**Non-Cash Benefits by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	1	1	0	0
MEDICAID Health Insurance	1	1	0	0
MEDICARE Health Insurance	1	1	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

**26a2. Non-Cash Benefits by Exit Status - Leavers**

**Client Non-Cash Benefits by Exit Status**  
**Number of Non-Cash Benefits by Number of Persons - Leavers**

	Total	Adults	Children	Age Unknown
No Sources	1	1	0	0
1+ Source(s)	2	2	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>

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**Annual Performance Report**  
**Question 26**

**26b1. Non-Cash Benefit Sources - Stayers**

**Non-Cash Benefits**  
**Non-Cash Benefits by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	2	2	0	0
MEDICAID Health Insurance	1	1	0	0
MEDICARE Health Insurance	1	1	0	0
State Children's Health Insurance	0	0	0	0
WIC	0	0	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	0	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>

**26b2. Number of Non-Cash Benefit Sources - Stayers**

**Client Non-Cash Benefits by Exit Status**  
**Number of Non-Cash Benefits by Number of Persons - Stayers**

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	2	2	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

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**Annual Performance Report**  
**Question 27**

**27. Length of Participation by Exit Status**

**Length of Participation by Exit Status**  
**Number of Persons**

	Total	Leavers	Stayers
Less than 30 days	2	1	1
31 to 60 days	3	2	1
61 to 180 days	0	0	0
181 to 365 days	0	0	0
366 to 730 days (1-2 Yrs)	0	0	0
731 to 1095 days (2-3 Yrs)	0	0	0
1096 to 1460 days (3-4 Yrs)	0	0	0
1461 to 1825 days (4-5 Yrs)	0	0	0
More than 1825 Days (>5 Yrs)	0	0	0
Information Missing	0	0	0
<b>Total</b>	<b>5</b>	<b>3</b>	<b>2</b>

**Average and Median Length of Participation in Days**

	Average Length	Median Length
Leavers	47	57
Stayers	35	35

**Total Length of Participation in Days / Shelter Nights**

	Total Shelter Nights
<b>Total</b>	<b>212</b>

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**Annual Performance Report**  
**Question 29**

**29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)**  
**Number of Leavers in Households**

**Permanent Destinations**

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	0	0	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Temporary Destinations**

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Institutional Settings**

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Other Destinations**

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>